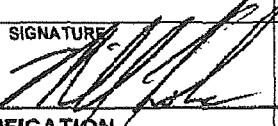
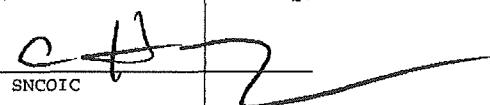
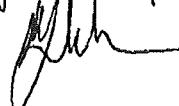


27. NAME (Last, First, Middle Initial) Dunn, Daniel Austin		28. SOCIAL SECURITY NUMBER 594-96-1068			
<b>SECTION IV - CERTIFICATION</b>					
29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)					
<p>a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.</p>					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Dunn, Daniel Austin	c. SIGNATURE 		d. DATE SIGNED (YYYYMMDD) 20100524		
30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)					
a. NAME (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	b. AGE (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	c. CITIZENSHIP (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	d. SOCIAL SECURITY NUMBER (SSN) (X one) <input checked="" type="checkbox"/> (1) SSN CARD <input type="checkbox"/> (2) OTHER (Explain)	e. EDUCATION (X one) <input checked="" type="checkbox"/> (1) DIPLOMA <input type="checkbox"/> (2) OTHER (Explain)	f. OTHER DOCUMENTS USED
31. CERTIFICATION OF WITNESS					
<p>a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.</p>					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Ragan, Joshua Kyle	c. PAY GRADE E5	d. RECRUITER I.D. OR ORGANIZATION 464770259	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20100524	
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES					
<p>a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.)</p> <p><b>K4 6X2 REOP 0151- Administrative Clerk</b> SEE 34 <b>DSN: 20100712</b></p>					
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).				c. APPLICANT'S INITIALS 	
33. CERTIFICATION OF RECRUITER OR ACCEPTOR					
<p>a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service)</p> <p><b>Marine Corps</b> and certify that I have not made any promises or guarantees other than those listed in Item 32.a.</p> <p>above, I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.</p>					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) <b>GYSGT KOLENC, M.J.</b>	c. PAY GRADE <b>E7</b>	d. RECRUITER I.D. OR ORGANIZATION <b>X-1308</b>	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) <b>20100608</b>	
<b>SECTION V - RECERTIFICATION</b>					
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY					
<p>a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.</p>					
b. ITEM NUMBER	c. CHANGE REQUIRED				
3518 0	<b>3531</b>				
3518 u	<b>333</b>				
3532 a	<b>K4 6X2 REOP 6531 Aircraft Ordnance Technician</b>				
d. APPLICANT		e. WITNESS			
(1) SIGNATURE 	(2) DATE SIGNED (YYYYMMDD) <b>20100712</b>	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) <b>GySGT SCHOMERS, M.J.</b>	(2) RANK/ GRADE <b>1</b>	(3) SIGNATURE 	

<b>35. NAME</b> (Last, First, Middle Initial) Dunn, Daniel Austin		<b>36. SOCIAL SECURITY NUMBER</b> 394-96-1068
<b>SECTION VI - REMARKS</b> (Specify item(s) being continued by item number. Continue on separate pages if necessary.)		
LEVEL WAIVER APPROVED ON		
WAIVER #		
MEPS LIAISON		
*****		
PARTIAL IST PREPARED ON PU/HANG CRUNCHES	PARTIAL IST PREPARED ON PU/HANG CRUNCHES	
MEPS LIAISON		
MEPS LIAISON		
*****		
I HAVE REVIEWED THIS ENLISTMENT PACKAGE FOR ACCURACY AND COMPLETENESS. I FIND THE APPLICANT QUALIFIED FOR PROCESSING AND ENLISTMENT INTO THE UNITED STATES MARINE CORPS."		
 SNCOIC		
Authority to enlist/ship granted by <u>E-RS, 630470, DAE</u> Waiver Type Waiver Control # Waiver Code		
Authority to enlist/ship granted by <u>E-RS, 630490, FBE</u> Waiver Type Waiver Control # Waiver Code		
Authority to enlist/ship granted by <u>E-RS, 630472, DCE</u> Waiver Type Waiver Control # Waiver Code		
Applicant qualified IAW Maradmin 029/10 & Frost Call 008-10. 		
Reserve Interview conducted on <u>20100708</u> .		
<input type="checkbox"/> Add Remark		DD FORM 1966/5 YES ATTACHED? (X one) NO <input checked="" type="checkbox"/>
<b>SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS</b>		
<b>37. NAME CHANGE.</b> If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:		
a. NAME AS SHOWN ON BIRTH CERTIFICATE		b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD
c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.		
d. APPLICANT (1) SIGNATURE		(2) DATE SIGNED (YYYYMMDD)
e. WITNESS (1) TYPED OR PRINTED NAME (Last, First, Middle Initial)      (2) PAY GRADE      (3) SIGNATURE		

ANNEX B

## STATEMENT OF UNDERSTANDING

NO MISTAKES are permitted on this document

APPLICANT	The applicant must fill out Blocks 1 through 31 (Blocks 1, 4, 4a, are excluded) in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document.				
MEPS LN/ NCOIC	a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRSS personnel have assigned a program in MCRSS, d) Ensure the applicant is given and parent/guardian, as applicable, a copy of this agreement at the time of completion.				
NAME	1 Last DUNN	1a First DANIEL	1b MI A	1c SSN: XXX-XX-1068	1d Date 20100629

## AGREEMENT

2 I understand that this statement of understanding represents the total agreement, and supersedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within.

Initials DAD

3 I understand that I am enlisting in the Selected Marine Corps Reserve in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in the MOS listed in the Occupational Field(s) specified in Para 4b below. I have had the opportunity to review the MOS listed under this option and acknowledge THE SPECIFIC MOS is guaranteed to me under this enlistment option.

Initials DAD

## MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP)

Program Code:	Program Description:	Military Occupational Field(s) in Option
4 ZY	4a ROEP	4b MOS: 6531 SHORT TITLE: AIRCRAFT ORDNANCE TECHNICIAN RUC: 01130 CITY/STATE: FORT WORTH, TX

## INACTIVE DUTY TRAINING (IDT) TRAINING OBLIGATIONS

5a I understand that I am enlisting in the Marine Corps Reserve, Reserve Optional Enlistment Program (ROEP) for a period of EIGHT (8) YEARS. I understand that for the next FOUR (4) YEARS (K1) IF SIX (6) YEARS (K2) (DAD) (line out non applicable years, then circle applicable years & initial selection) following assignment to Initial Active Duty Training (ADT) will be required to satisfactorily participate in drills. Satisfactory participation consists of attendance at and satisfactory performances of 48 scheduled Inactive Duty Training (IDT) periods (usually 1 weekend per month) and not less than 14 days (exclusive of travel time) of Active Duty Training (ADT) during each year of my contract. My remaining obligation will be in an Individual Ready Reserve (IRR) status.

Initials DAD

5b I will be required to attend IDT and ADT periods as prescribed, and I understand that failure to do so may result in my being ordered to active duty by the Commandant of the Marine Corps for a period of 2 years, less any period of active duty or ADT I may have already served. I also understand that my failure to attend IDT and ADT periods could result in a less than honorable discharge. I understand that while in the SMCR (IDT status), I will not be excused from ADT for the purpose of attending college.

Initials DAD

6 I acknowledge that the location of my Reserve Unit in block 4b is correct.

Initials DAD

7 I must request a waiver from the Commanding Officer/Site Commander of my initial Reserve Unit in order to transfer to a different unit prior to completing six consecutive months of IDT's at my initial Reserve Unit.

Initials DAD

8 I will report to my initial Reserve Unit for scheduled IDT's on the dates and at the times I am ordered to report.

Initials DAD

9 I must keep my Commanding Officer/Site Commander informed of my current address and phone number at all times.

Initials DAD

10 If I change my place of domicile, I must join another Marine Reserve unit located within the standard 100-mile radius from my new domicile.

Initials DAD

11 I realize that during the periods of ADT and during all my scheduled IDT drill periods, I will be subjected to the same disciplinary control and regulations as a member of the Regular Marine Corps.

Initials DAD

12 I understand that I am expected to maintain the required acceptable standards of dress, hygiene, attitude, decorum, and effort during IDT and ADT periods.

Initials DAD

13 I was briefed on my future Reserve Unit by the Inspector-Instructor/Commanding Officer/Site Commander or by a command representative (Circle one). Date Interview was conducted (see page DD 1966/4 for interview date): 20100708

Initials DAD

## INDIVIDUAL READY RESERVE (IRR) AND RECALL OBLIGATIONS

14 I understand that I am eligible, upon request, for transfer from the SMCR (IDT status) to the IRR following satisfactory completion of my ROEP 4 x 4 or 6 x 2 commitment, which commences on the date of departure from IADT.

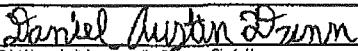
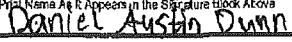
Initials DAD

15 I realize that I will be liable for involuntary recall to active duty in case of national emergency declared by the President of the United States and I may be ordered to active duty (other than for training) for not more than 24 consecutive months. Further, in time of national emergency or war declared by Congress, or when otherwise authorized by law, I may be ordered to active duty (other than for training) for the duration of the national emergency or war and for 6 months thereafter.

Initials DAD

## APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I understand I must fill out this document truthfully and completely. I further understand that failure to complete any part of this form disqualifies me for a clearance and the incentive program. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.

SIGNATURE	16 	16a Date 100629
PRINT NAME	17 	

## ANNEX B

## MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) (Page 2)

NAME	1 LAST	DUNN	1a FIRST	DANIEL	1b MI	A	1c SSN:	XXX-XX-1068	1d Date	20100629		
<b>INITIAL TRAINING</b>												
16	I understand that I will be assigned to Marine Corps Recruit Depot training, Marine Corps Combat Training (MCT), and Military Occupational Specialty (MOS) formal schooling within 365 days of enlistment.								16a	DAD		
19	I will attend Marine Corps Recruit Depot training first, followed by MCT, and then my MOS formal school.								19a	DAD		
20	I understand that following Marine Corps Recruit Depot training, I may receive up to 10 days leave before commencing MCT and MOS formal schooling. The length of my leave may vary, dependent upon coordination of training phases.								20a	DAD		
21	The MOS for which I am enlisting in block 4b has been described to me, and I understand its prerequisite qualifications.								21a	DAD		
22	I also realize that after completion of my IADT period that the Marine Corps may assign me to a billet which involves responsibilities quite different from those for which I may receive training in the MOS designated above in block 4b.								22a	DAD		
23	I understand that during IADT period of less than three months, I will not be eligible to start Electronic Funds Transfer (EFT) allotment for any financial reason.								23a	DAD		
24	I understand that during the IADT, I will be entitled only to pay and allowances which accrue while on IADT. I will not be eligible to receive any special payments or bonuses prior to completion of my initial training.								24a	DAD		
25	I realize that if I am disqualified from assignment to a billet requiring this MOS after enlistment, due to discovery of fraudulent enlistment, serious breach of discipline, punishment under the Uniform Code of Military Justice, failure to master the training, or by my failure to maintain necessary qualifications for my MOS, I may be discharged or reassigned another MOS which serves the needs and convenience of the Marine Corps.								25a	DAD		
<b>INCENTIVES AND BONUSES</b>												
26	I realize that I am only eligible for the Montgomery G.I. Bill Selected Reserve (MGIB-SR) entitlements (which provides for educational assistance) if I have agreed to serve at least 6 years (K4) in the SMCR (DT status).								26a	DAD		
27	I understand that I am not eligible for the Command Recruiter Program and the Permissive Recruiter Assistant Program (PRASP).								27a	DAD		
28	I understand that there are no monetary promises being made to me in this Statement Of Understanding (SOU). Any monetary promises will be contained in a separate Statement of Understanding (SOU) entitled Z7 SRIP or Z8 Education Kicker.								28a	DAD		
29	I certify that I am NOT on the Incremental Initial Active Duty (IADT or 90 DAY SPLIT Training) program.								29a	DAD		
<b>APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION</b>												
This Statement of Understanding and my Application for Enlistment constitutes the entirety of my enlistment agreement with the Marine Corps. I realize that this "Statement of Understanding" will become an attachment to my enlistment contract. I understand that my subsequent changes to this agreement, as required by Executive Order, law, or other regulations, will have the same force and effect as the provisions contained herein. I certify that I have read and understand my duties, responsibilities, and obligations to the Marine Corps and, in consideration for the benefits I hope to derive from my enlistment, agree to the terms outlined above. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.												
SIGNATURE	30	<i>Daniel Austin Dunn</i>								Date	100629	
PRINT NAME	31	<i>Daniel Austin Dunn</i>										
<b>MEPS LIAISON CERTIFICATION</b>												
I understand that I am responsible for ensuring the applicant fully understands this Reserve Optional Enlistment Program (ROEP) SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53, End 6 & Para 5 above, or a MCROC level Enlistment Incentive Option Criteria Waiver has been approved in MCRSS, and a valid MCROC program in MCRSS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU.												
PRINT NAME	32	LAST	<i>3ghomes</i>	32a FIRST	<i>Michael</i>	32b MI	<i>J</i>	32c SSN	XXX-XX-3223	Date	100629	
SIGNATURE	33	<i>MEPS Liaison</i>										
QUOTA	34	Quota Sequence Number Assigned (QSN)								Name and Billet of person providing QSN		
SEQUENCE		<i>201006761</i>								<i>Maj. Comeaux ops chief</i>		
NUMBER												

## STATEMENT OF UNDERSTANDING

## MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps Policy on the illegal use of drugs.

2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.

3. Certification. I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand that I will be screened for alcohol and given a urinalysis test for drugs during my initial MEPS physical, and given a urinalysis test for drugs within 24 hours of my arrival at recruit training. I understand that if I test positive for drugs or alcohol at the MEPS, I will be disqualified for enlistment. I understand that if I test positive on the urinalysis at MCRD that I will be subject to an administrative discharge from the Marine Corps and possibly to courts-martial. I understand that once I enlist into the Delayed Entry Program (or SMCR awaiting IADT) any illegal use of drugs may adversely affect my ability to commence active duty for training, to obtain an enlistment program, or bonus.



(Applicant's signature)

20100525

(Date)

Dunn, Daniel Austin  
(Applicant's Printed Name)

594-96-1068

(Social Security Number)

4. Recruiter Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.

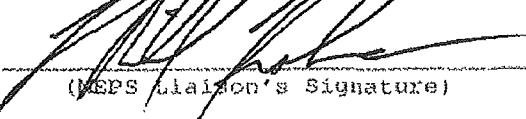


(Recruiter's Signature)

20100525

(Date)

5. MEPS Liaison Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.



(MEPS Liaison's Signature)

20100525

(Date)

## ANNEX A

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
(5 U. S. C. 552A)

**PART A - GENERAL**

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

**PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL**

**1. AUTHORITY**

Title 5, U. S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

**2. PRINCIPAL PURPOSES**

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

<b>SYSTEM DESCRIPTION</b>	<b>SYSTEM NUMBER</b>
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MPD 00003

**3. ROUTINE USES**

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION**

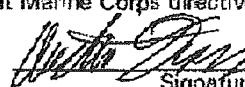
Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

**PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL**

I have read and understand this statement. I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

20100525

Date



Signature of the Individual

594-95-1063

Social Security No.

**PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS**  
NAVMC 1100D (REV. 6-90) (EF) SN: 0109-LF-064-8800

15211

*(File Original in OOR or SRB; Provide Copy to Individual)*

## DISCLOSURE ACCOUNTING FORM

**RECORD OF DISCLOSURE**

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM  
THIS RECORD COULD SUBJECT THE DISCLOSURE TO CRIMINAL PENALTIES

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
  - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
  - b. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.6 series.

**TITLE & DESCRIPTION OF RECORD**

G

ADMINISTRATIVE REMARKS (1070)

DATE 20100712

Articles UCMJ explained to me this date as required by Article 137, UCMJ.



(Signature)

DATE

Articles UCMJ explained to me this date as required by Article 137, UCMJ.

(Signature)

DUNN, DANIEL A.

NAME (last, first, middle)

594 96 1068

SSN

NAVMC 118(11) (REV. 3-82) (EF) SN: 0109-LF-062-8400 U/I: SH

PREVIOUS EDITIONS WILL BE USED

ENLISTMENT/REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES	
<b>PRIVACY ACT STATEMENT</b>	
<p><b>AUTHORITY:</b> 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12303, 12304, 12305, 12405, 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, (November 1943 (SSN)).</p> <p><b>PRINCIPAL PURPOSE(S):</b> To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.</p> <p><b>ROUTINE USE(S):</b> This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.</p>	
<b>A. ENLISTEE/REENLISTEE IDENTIFICATION DATA</b>	
1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
DUNN DANIEL AUSTIN	594-96-1068
3. HOME OF RECORD (Street, City, County, State, County, ZIP Code)	
165 LAKE TRAIL DR, DOUBLE OAK, (DENTON, TX, US, 75077)	
4. PLACE OF ENLISTMENT/REENLISTMENT (MIL. Installation, City, State)	DALLAS MEPS DALLAS, TX 75202-4709
5. DATE OF ENLISTMENT REENLISTMENT (YYYYMMDD)	6. DATE OF BIRTH (YYYYMMDD)
20100608	19900330
7. PREV MIL. SVC UPON ENL/RENLIST	
a. TOTAL ACTIVE MILITARY SERVICE	
b. TOTAL INACTIVE MILITARY SERVICE	
<b>B. AGREEMENTS</b>	
8. I am enlisting/reenlisting in the United States (list branch of service) <u>MARINE CORPS RESERVE</u> this date for <u>8</u> years and <u>0</u> weeks beginning in pay grade <u>E-1</u> of which <u>0</u> years and <u>0</u> weeks is considered an Active Duty Obligation, and <u>6</u> years and <u>0</u> weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe) <u>AB</u>	
a. <b>FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):</b> I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the United States (list branch of service). I understand that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not for a period not to exceed 365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in a nonpay status and that I am not entitled to any medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) for enlistment in the Regular component of the United States (list branch of service) for not less than <u>  </u> years and <u>  </u> weeks.	
b. <b>REMARKS:</b> (if none, so state) <u>NONE</u>	

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**  
(Initials of Enlistee/Reenlistee) Biometrically Signed

(Continued on Page 2)

### C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

**9. FOR ALL ENLISTEES OR REENLISTEES:**

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

**10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

(1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and

(2) I have not met my Reserve obligation; and

(3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

**11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) Biometrically Signed

DD FORM 4/1 (PAGE 2), OCT 2007



NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) DUNN DANIEL AUSTIN	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE 594-96-1068
-------------------------------------------------------------------------	-----------------------------------------------------------

#### D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I certify that I have carefully read this document, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed	c. DATE SIGNED (YYYYMMDD) 20100608 16:11:46
-------------------------------------------------------------	------------------------------------------------

#### 14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) **MARINE CORPS**

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle) KOLENC MICHAEL J	c. PAY GRADE E-7	d. UNIT/COMMAND NAME USMC RS STATION FORT WORTH
e. SIGNATURE Biometrically Signed	f. DATE SIGNED (YYYYMMDD) 20100608 16:11:46	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) PANTEGO TX 76133

#### E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

##### 15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DANIEL AUSTIN DUNN, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

##### 16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of \_\_\_\_\_ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of \_\_\_\_\_ and the orders of the officers appointed over me, according to law and regulations. So help me God.

##### 17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this \_\_\_\_\_ day of \_\_\_\_\_, in the \_\_\_\_\_ National Guard and as a Reserve of the United States (list branch of service) with membership in the \_\_\_\_\_ National Guard of the United States for a period of \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18.a. SIGNATURE OF ENLISTEE/REENLISTEE Biometrically Signed	b. DATE SIGNED (YYYYMMDD) 20100608 16:41:54
----------------------------------------------------------------	------------------------------------------------

##### 19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle) WHITE ANDREW E	c. PAY GRADE O-3	d. UNIT/COMMAND NAME DALLAS MEPS
e. SIGNATURE Biometrically Signed	f. DATE SIGNED (YYYYMMDD) 20100608 16:41:54	g. UNIT/COMMAND ADDRESS (City, State, ZIP Code) DALLAS TX 75202-0000

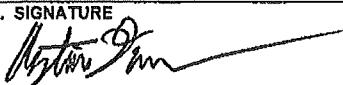
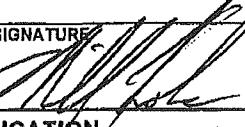
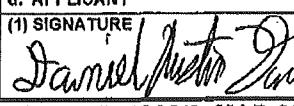
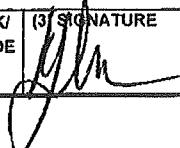
(Initials of Enlistee/Reenlistee) **Biometrically Signed**

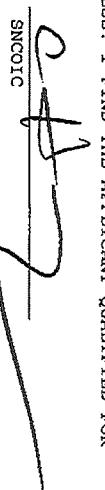


MCRD

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES (Read Privacy Act Statement and Instructions on back before completing this form.)												OMB No. 0704-0173 OMB approval expires Mar 31, 2010							
The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.																			
<b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.</b>																			
A. SERVICE PROCESSING FOR DMV		B. PRIOR SERVICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF DAYS: 0		C. SELECTIVE SERVICE CLASSIFICATION				D. SELECTIVE SERVICE REGISTRATION NO.											
<b>SECTION I - PERSONAL DATA</b>																			
1. SOCIAL SECURITY NUMBER 5 9 4 - 9 6 - 1 0 6 8				2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) Dunn, Daniel Austin															
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 165 Lake Trail Dr. DENTON TX UNITED STATES 75077				4. HOME OF RECORD ADDRESS (Street, City, County, State, Country, ZIP Code) 165 Lake Trail Dr. DOUBLE OAK DENTON TX UNITED STATES 75077															
5. CITIZENSHIP (X one) <input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S) b. U.S. NATURALIZED ALIEN REGISTRATION NUMBER c. U.S. NON-CITIZEN (If issued) d. IMMIGRANT ALIEN (Specify) e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)				6. SEX (X one) <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE				7.a. RACIAL CATEGORY (X one or more) <input checked="" type="checkbox"/> (1) AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> (6) WHITE <input type="checkbox"/> (2) NOT HISPANIC OR LATINO				7.b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO							
10. DATE OF BIRTH (YYYYMMDD) 1 9 9 0 0 3 3 0				11. RELIGIOUS PREFERENCE (Optional) BAPTIST				12. EDUCATION (Yrs-Highest Ed Gr Completed) 12 L				13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.) NONE							
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) TX 24072229				15. NUMBER OF DEPENDENTS Single 0				16. PLACE OF BIRTH (City, State and Country) MIAMI FL UNITED STATES				1st 2nd							
<b>SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES</b> (FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)																			
16. APTITUDE TEST RESULTS																			
a. TEST ID 07E		b. TEST SCORES		AFQT PERCENTILE		818 GS 612 614 58 645 557 517 635 961													
17. DEP ENLISTMENT DATA																			
a. DATE OF ENLISTMENT - DEP (YYYYMMDD) 20101016		b. PROJ ACTIVE DUTY DATE (YYYYMMDD) 20110107		c. ES		d. RECRUITER IDENTIFICATION				e. STN ID		f. PEF							
						4 6 4 7 7 0 2 5 9				9 6 4 L E									
g. T-E MOS/AFS (1)		h. WAIVER (2) (3)		(4)		(5)		(6)		i. PAY GRADE		j. SVC ANNEX CODES		k. MSO (YYWM) 0000		l. AD OBLIGATION (YYWM) 0000			
18. ACCESSION DATA																			
a. DATE OF ENLISTMENT (YYYYMMDD) 20101016		b. ACTIVE DUTY SERVICE DATE (YYYYMMDD) 20110107		c. PAY ENTRY DATE (YYYYMMDD) 20110107		d. MSO (YYWM) 0000		e. AD/RC OBLIGATION (YYMMWWDD) 00000000		f. T-E MOS/AFS 0000		g. PAY GRADE E01		h. DATE OF GRADE (YYYYMMDD) 20100107		i. ES 1		j. YRS/HIGHEST ED/GR COMPL 112L	
i. RECRUITER IDENTIFICATION 4 6 4 7 7 0 2 5 9		j. STN ID 9 6 4 L E Z Y		k. PEF 8011		l. T-E MOS/AFS 01 SEP 04		m. PMOS/AFS 01 SEP 04		n. YOUTH Y Y O Y Y		o. OA 0000		p. STATE GUARD 0000		q. R. STATE GUARD 0000			
s. SVC ANNEX CODES AB		t. REPLACES ANNEXES SM3		u. TRANSFER TO (UIC)		v. TRANSFER TO (UIC)		w. TRANSFER TO (UIC)		x. TRANSFER TO (UIC)		y. TRANSFER TO (UIC)		z. TRANSFER TO (UIC)		aa. TRANSFER TO (UIC)			
19. SERVICE REQUIRED CODES		K 4 9 3 6 4 4 0 1 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25		26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50		2 9 1 2 2		61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110		111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140							

20. NAME (Last, First, Middle Initial) Dunn, Daniel Austin				21. SOCIAL SECURITY NUMBER 594-96-1068		
<b>SECTION III - OTHER PERSONAL DATA</b>						
22. EDUCATION						
a. List all high schools and colleges attended. (List dates in YYYYMM format.)					(5) GRADUATE	
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO	
200408	200806	MARCUS HS	TX FLOWER MOUND	AD		
				YES	NO	
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?					AD	
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")						
a. Is anyone dependent upon you for support?					AD	
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?					AD	
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?					AD	
d. Are you the only living child in your immediate family?					AD	
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")						
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?					AD	
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?					AD	
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?					AD	
d. Have you ever been employed by the United States Government?					AD	
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?					AD	
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")						
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)					AD	
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?					AD	
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?					AD	
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.") Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licenced physician?					REFER DASF	TO

27. NAME (Last, First, Middle Initial) Dunn, Daniel Austin		28. SOCIAL SECURITY NUMBER 594-96-1068			
<b>SECTION IV - CERTIFICATION</b>					
29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)					
<p>a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.</p>					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Dunn, Daniel Austin	c. SIGNATURE 		d. DATE SIGNED (YYYYMMDD) 20100524		
30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)					
a. NAME (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	b. AGE (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	c. CITIZENSHIP (X one) <input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE <input type="checkbox"/> (2) OTHER (Explain)	d. SOCIAL SECURITY NUMBER (SSN) (X one) <input checked="" type="checkbox"/> (1) SSN CARD <input type="checkbox"/> (2) OTHER (Explain)	e. EDUCATION (X one) <input checked="" type="checkbox"/> (1) DIPLOMA <input type="checkbox"/> (2) OTHER (Explain)	f. OTHER DOCUMENTS USED
31. CERTIFICATION OF WITNESS				a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.	
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Ragan, Joshua Kyle	c. PAY GRADE E5	d. RECRUITER I.D. 464770259	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20100524	
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES					
a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.) (Use clear text English.) SEE 34 K4 6x2 REOP 0151- Administrative Clerk QSN: 20100712					
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).				c. APPLICANT'S INITIALS AJ	
33. CERTIFICATION OF RECRUITER OR ACCEPTOR					
a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) Marine Corps and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above, I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) GYSGT KOLENC, M.J.	c. PAY GRADE E7	d. RECRUITER I.D. OR ORGANIZATION X-1308	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20100608	
<b>SECTION V - RECERTIFICATION</b>					
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY					
a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.					
b. ITEM NUMBER	c. CHANGE REQUIRED				
#18 0	#15 (653)				
#18 u	#333				
#32 a	K4 6x2 REOP 6531 Aircraft ordnance Technician				
d. APPLICANT		e. WITNESS			
(1) SIGNATURE 	(2) DATE SIGNED (YYYYMMDD) 20100712	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) GySgt SCHOMERS, M.J.	(2) RANK/ GRADE	(3) SIGNATURE 	

35. NAME (last, First, Middle (initial)) Dunn, Daniel Austin	36. SOCIAL SECURITY NUMBER 594-96-1068				
<b>SECTION VI - REMARKS</b> (Specify item(s) being continued by item number. Continue on separate pages if necessary.)					
LEVEL WAIVER APPROVED ON					
WAIVER #					
MEPS LIAISON					
<p>*****</p> <p>PARTIAL IST PREPARED ON PU/HANG CRUNCHES</p> <p>MEPS LIAISON</p> <p>*****</p> <p>"I HAVE REVIEWED THIS ENLISTMENT PACKAGE FOR ACCURACY AND COMPLETENESS. I FIND THE APPLICANT QUALIFIED FOR PROCESSING AND ENLISTMENT INTO THE UNITED STATES MARINE CORPS."</p>					
<p>Authority to enlist/ship granted by <u>E-RS</u> / <u>630472</u> / <u>DCE</u></p> <p>Waiver Type Waiver Control # Waiver Code</p> <p>Authority to enlist/ship granted by <u>E-RS</u> / <u>630490</u> / <u>FBE</u></p> <p>Waiver Type Waiver Control # Waiver Code</p> <p> SNC0IC</p>					
<p>Applicant qualified IAW Macadmin 029/104 FrostCall 008-10.</p> <p></p> <p>Reserve Interview conducted on <u>20100708</u>.</p>					
<p><b>SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS</b></p> <p>37. NAME CHANGE. If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 150px;">a. NAME AS SHOWN ON BIRTH CERTIFICATE</td> <td>DD FORM 196616 ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO</td> </tr> <tr> <td>b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD</td> <td></td> </tr> </table> <p>c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of _____ by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.</p> <p>d. APPLICANT</p> <p>(1) SIGNATURE</p> <p>(2) DATE SIGNED (YYYY/MM/DD)</p> <p>e. WITNESS</p> <p>(1) TYPED OR PRINTED NAME (last, First, Middle Initial)</p> <p>(2) PAY GRADE</p> <p>(3) SIGNATURE</p>		a. NAME AS SHOWN ON BIRTH CERTIFICATE	DD FORM 196616 ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD	
a. NAME AS SHOWN ON BIRTH CERTIFICATE	DD FORM 196616 ATTACHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO				
b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD					

## ANNEX B

## STATEMENT OF UNDERSTANDING

NO MISTAKES are permitted on this document

APPLICANT	The applicant must fill out Blocks 1 through 31 (Blocks 1, 4, 4a, are excluded) in their own handwriting, initial each item to indicate understanding, and sign and date the agreement accordingly. Ensure you receive a copy of this document.				
MEPS LN/ NCOIC	a) Certify the proper explanation of the agreement to the applicant, b) Certify applicant qualification, c) Certify that OPS MCRSS personnel have assigned a program in MCRSS, d) Ensure the applicant is given and parent/guardian, as applicable, a copy of this agreement at the time of completion.				
NAME 1	Last DUNN	1a First DANIEL	1b MI A	1c SSN: XXX-XX-1068	1d Date 20100629

## AGREEMENT

2 I understand that this statement of understanding represents the total agreement, and supersedes any other previous agreements, between myself and the United States Marine Corps concerning enlistment guarantees stated within. 2a Initials DAD

3 I understand that I am enlisting in the Selected Marine Corps Reserve in the below stated enlistment incentive program listed in Para 4, and can be assigned and trained to serve in the MOS listed in the Occupational Field(s) specified in Para 4b below. I have had the opportunity to review the MOS listed under this option and acknowledge THE SPECIFIC MOS is guaranteed to me under this enlistment option. 3a Initials DAD

## MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP)

Program Code: 4	ZY	Program Description 4a	ROEP	Military Occupational Field(s) in Option 4b
MOS: 6531 SHORT TITLE: AIRCRAFT ORDNANCE TECHNICIAN RUC: 01130 CITY/STATE: FORT WORTH, TX				

## INACTIVE DUTY TRAINING (IDT) TRAINING OBLIGATIONS

I understand that I am enlisting in the Marine Corps Reserve, Reserve Optional Enlistment Program (ROEP) for a period of EIGHT (8) YEARS. I understand that for the next FOUR (4) YEARS [K9] SIX (6) YEARS [K1] DAD (line out non applicable years, then circle applicable years & initial selection) following assignment to Initial Active Duty Training (ADT) will be required to satisfactorily participate in drills. Satisfactory participation consists of attendance at and satisfactory performances of 48 scheduled Inactive Duty Training (IDT) periods (usually 1 weekend per month) and not less than 14 days (exclusive of travel time) of Active Duty Training (ADT) during each year of my contract. My remaining obligation will be in an Individual Ready Reserve (IRR) status. 5a Initials DAD

5b I will be required to attend IDT and ADT periods as prescribed, and I understand that failure to do so may result in my being ordered to active duty by the Commandant of the Marine Corps for a period of 2 years, less any period of active duty or ADT I may have already served. I also understand that my failure to attend IDT and ADT periods could result in a less than honorable discharge. I understand that while in the SMCR (IDT status), I will not be excused from ADT for the purpose of attending college. 5b Initials DAD

6 I acknowledge that the location of my Reserve Unit in block 4b is correct. 6a Initials DAD

7 I must request a waiver from the Commanding Officer/Site Commander of my initial Reserve Unit in order to transfer to a different unit prior to completing six consecutive months of IDT's at my initial Reserve Unit. 7a Initials DAD

8 I will report to my initial Reserve Unit for scheduled IDT's on the dates and at the times I am ordered to report. 8a Initials DAD

9 I must keep my Commanding Officer/Site Commander informed of my current address and phone number at all times. 9a Initials DAD

10 If I change my place of domicile, I must join another Marine Reserve unit located within the standard 100-mile radius from my new domicile. 10a Initials DAD

11 I realize that during the periods of ADT and during all my scheduled IDT drill periods, I will be subjected to the same disciplinary control and regulations as a member of the Regular Marine Corps. 11a Initials DAD

12 I understand that I am expected to maintain the required acceptable standards of dress, hygiene, attitude, decorum, and effort during IDT and ADT periods. 12a Initials DAD

13 I was briefed on my future Reserve Unit by the Inspector-Instructor/Commanding Officer/Site Commander or by a command representative (Circle one). Date Interview was conducted (see page DD 1966/4 for interview date): 20100629 13a Initials DAD

## INDIVIDUAL READY RESERVE (IRR) AND RECALL OBLIGATIONS

14 I understand that I am eligible, upon request, for transfer from the SMCR (IDT status) to the IRR following satisfactory completion of my ROEP 4 x 4 or 6 x 2 commitment, which commences on the date of departure from IADT. 14a Initials DAD

15 I realize that I will be liable for involuntary recall to active duty in case of national emergency declared by the President of the United States and I may be ordered to active duty (other than for training) for not more than 24 consecutive months. Further, in time of national emergency or war declared by Congress, or when otherwise authorized by law, I may be ordered to active duty (other than for training) for the duration of the national emergency or war and for 6 months thereafter. 15a Initials DAD

## APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I understand I must fill out this document truthfully and completely. I further understand that failure to complete any part of this form disqualifies me for a clearance and the incentive program. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.

SIGNATURE 16	Daniel Austin Dunn	Date 16a 100629
PRINT NAME 17	Print Name As It Appears in the Signature Block Above	Daniel Austin Dunn

# ANNEX B

## MARINE CORPS RESERVE OPTIONAL ENLISTMENT PROGRAM (ROEP) (Page 2)

NAME	1	LAST DUNN	1a FIRST DANIEL	1b MI A	1c SSN: XXX-XX- 1068	1d Date 20100629
------	---	-----------	-----------------	---------	----------------------	------------------

### INITIAL TRAINING

18	I understand that I will be assigned to Marine Corps Recruit Depot training, Marine Corps Combat Training (MCT), and Military Occupational Specialty (MOS) formal schooling within 365 days of enlistment.	18a	DAD
19	I will attend Marine Corps Recruit Depot training first, followed by MCT, and then my MOS formal school.	19a	DAD
20	I understand that following Marine Corps Recruit Depot training, I may receive up to 10 days leave before commencing MCT and MOS formal schooling. The length of my leave may vary, dependent upon coordination of training phases.	20a	DAD
21	The MOS for which I am enlisting in block 4b has been described to me, and I understand its prerequisite qualifications.	21a	DAD
22	I also realize that after completion of my IADT period that the Marine Corps may assign me to a billet which involves responsibilities quite different from those for which I may receive training in the MOS designated above in block 4b.	22a	DAD
23	I understand that during IADT period of less than three months, I will not be eligible to start Electronic Funds Transfer (EFT) allotment for any financial reason.	23a	DAD
24	I understand that during the IADT, I will be entitled only to pay and allowances which accrue while on IADT. I will not be eligible to receive any special payments or bonuses prior to completion of my initial training.	24a	DAD
25	I realize that if I am disqualified from assignment to a billet requiring this MOS after enlistment, due to discovery of fraudulent enlistment, serious breach of discipline, punishment under the Uniform Code of Military Justice, failure to master the training, or by my failure to maintain necessary qualifications for my MOS, I may be discharged or reassigned another MOS which serves the needs and convenience of the Marine Corps.	25a	DAD

### INCENTIVES AND BONUSES

26	I realize that I am only eligible for the Montgomery G.I. Bill Selected Reserve (MGIB-SR) entitlements (which provides for educational assistance) if I have agreed to serve at least <b>6 years (K4)</b> in the SMCR (IDT status).	26a	DAD
27	I understand that I am not eligible for the Command Recruiter Program and the Permissive Recruiter Assistant Program (PRASP).	27a	DAD
28	I understand that there are <b>no monetary promises</b> being made to me in this Statement Of Understanding (SOU). Any monetary promises will be contained in a separate Statement of Understanding (SOU) entitled <b>Z7 SRIP or Z8 Education Kicker</b> .	28a	DAD
29	I certify that I am <b>NOT</b> on the Incremental Initial Active Duty (IADT or 92 DAY SPLIT Training) program.	29a	DAD

### APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

This Statement of Understanding and my Application for Enlistment constitutes the entirety of my enlistment agreement with the Marine Corps. I realize that this "Statement of Understanding" will become an attachment to my enlistment contract. I understand that my subsequent changes to this agreement, as required by Executive Order, law, or other regulations, will have the same force and effect as the provisions contained herein. I certify that I have read and understand my duties, responsibilities, and obligations to the Marine Corps and, in consideration for the benefits I hope to derive from my enlistment, agree to the terms outlined above. Finally, I understand that ANY promises made by my recruiter or anyone else, which are not contained in this written agreement are NOT binding on the Marine Corps.

SIGNATURE	30	<i>Daniel Austin Dunn</i>	Date 100629
PRINT NAME	31	Print Name As It Appears In The Signature Block Above <i>Daniel Austin Dunn</i>	

### MEPS LIAISON CERTIFICATION

I understand that I am responsible for ensuring the applicant fully understands this Reserve Optional Enlistment Program (ROEP) SOU. I further acknowledge that as the MEPS Liaison I have screened this applicant for the program and is fully qualified IAW MCO 1130.53\_ Encl 8 & Para 5 above, or a MCRC level Enlistment Incentive Option Criteria Waiver has been approved in MCRSS, and a valid MCROC program in MCRSS. Lastly, I have ensured that no other promises (written or verbal) have been made to this applicant other than that stated here in the SOU.

PRINT NAME	32	LAST <i>54 Homer</i>	32a FIRST <i>Michael</i>	32b MI <i>J</i>	32c SSN: XXX-XX- 3223	Date 100629
SIGNATURE	33	<i>M. J. 54 Homer</i>				
QUOTA	34	Quota Sequence Number Assigned (QSN)				Name and Billet of person providing QSN
SEQUENCE NUMBER		<i>201006761</i>				<i>Maj. Comeaux Ops Chief</i>

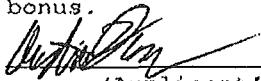
STATEMENT OF UNDERSTANDING

MARINE CORPS POLICY CONCERNING ILLEGAL USE OF DRUGS

1. Purpose. The purpose of this document is to make sure that you completely understand the Marine Corps Policy on the illegal use of drugs.

2. Policy. The illegal distribution, possession or use of drugs is not tolerated in the United States Marine Corps. Furthermore, each instance of illegal drug use by a Marine makes that Marine unfit for duty and a risk to the safety of fellow Marines.

3. Certification. I certify that I completely understand the Marine Corps policy on the illegal use of drugs. I understand that I will be screened for alcohol and given a urinalysis test for drugs during my initial MEPS physical, and given a urinalysis test for drugs within 24 hours of my arrival at recruit training. I understand that if I test positive for drugs or alcohol at the MEPS, I will be disqualified for enlistment. I understand that if I test positive on the urinalysis at MCRD that I will be subject to an administrative discharge from the Marine Corps and possibly to courts-martial. I understand that once I enlist into the Delayed Entry Program (or SMCR awaiting IADT) any illegal use of drugs may adversely affect my ability to commence active duty for training, to obtain an enlistment program, or bonus.



(Applicant's signature)

20100525

(Date)

Dunn, Daniel Austin

594-96-1068

(Applicant's Printed Name)

(Social Security Number)

4. Recruiter Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.

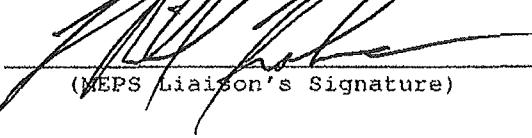


(Recruiter's Signature)

20100525

(Date)

5. MEPS Liaison Verification. I certify that I have completely explained the Marine Corps policy on the illegal use of drugs to the above named applicant and advised Dunn, Daniel Austin to be thoroughly honest in completing the Drug Abuse Screening Form.



(MEPS Liaison's Signature)

20100525

(Date)

## ANNEX A



UNITED STATES MARINE CORPS

MARINE FIGHTER ATTACK SQUADRON 112  
MARINE AIRCRAFT GROUP 41, 4TH MARINE AIRCRAFT WING  
NAVAL AIR STATION/Joint Reserve Base  
FORT WORTH, TEXAS 76127-5000

IN REPLY REFER TO  
1320  
S-1  
8 March 12

From: Commanding Officer, Marine Fighter Attack Squadron 112  
To: Lance Corporal Daniel A. Dunn XXX XX 1068/6531 USMCR  
Subj: INTERUNIT TRANSFER ORDERS  
Ref: (a) MCO 1400.32 par. 4500.3

1. In accordance with reference (a), effective 8 March 2012 you are transferred to the Commanding Officer, Marine Light Attack Helicopter Squadron 773, Marine Aviation Group 49, Robins AFB, Marietta, GA. MCC S7F; RUC 01773. You are directed to report to the Commanding Officer of your new unit no later than 3 April 2012.
2. Your attention is directed to the fact that you are required to participate in 100 percent of your scheduled drills. You performed your last satisfactory drill on 12 February 2012 with Marine Fighter Attack Squadron 112, NAS Fort Worth, TX. Your next drill with your new command is 3 April 2012.
3. If as a result of this transfer, you have not attended regularly scheduled training you are directed to schedule an alternate annual training with your new command.
4. If your MOS is not compatible with T/O billet of your new command, you will be required to retrain in an MOS rated by the gaining command.
5. You have given your address as 165 Lake Dr., Double Oak, TX 75077, and your home phone number is (214)-850-3866. Should you have a change in address or are unable to comply with the provisions contained in paragraph 1 above, you are directed to immediately notify the Commanding Officer of your gaining command. Failure to report on the date designated without proper authority will classify you as an unsatisfactory participant and appropriate administrative action will be initiated against you.
6. Any travel involved in the execution of these orders will be at no expense to the government.

Subj: INTERUNIT TRANSFER ORDERS

7. Point of contact at this command is Sgt Hoffman at (817) 782-2721.



D. A. FLORES  
By direction

Copy to:

Files

SNM

---

RECEIVING ENDORSEMENT

1. I received these orders at 20120308 on 1030. I understand that I am to report no later than \_\_\_\_\_ on \_\_\_\_\_ to the Commanding Officer, Marine Light Attack Helicopter Squadron 773, Marine Aviation Group 49, Robins AFB, Marietta, GA. I further understand that failure to attend will classify me as an unsatisfactory participant and as such will result in appropriate administrative action being taken against me.

D. A. DUNN



Office of Servicemembers'  
Group Life Insurance

## Servicemembers' Group Life Insurance Election and Certificate

### 1. About You

DANIEL, AUSTIN, DUNN

PFC

594961068

Print Name (First, Middle, Last)

Rank, title or grade

Social Security Number

\$400,000

NAS FORT WORTH

USMC

Current Amount of SGLI Coverage

Duty Location

Branch of Service

### 2. About Your Coverage

I am completing this form to: (Check all that apply)

- Name or update my SGLI beneficiary.
- Increase or restore my SGLI coverage to \$ 400,000.
- Reduce my SGLI coverage to \$ 350,000.
- Decline (cancel) SGLI coverage.

You must complete sections 3 and 5.

Coverage is available in increments of \$50,000 up to a maximum of \$400,000

You must complete sections 3, 4, & 5.

You must complete sections 3 & 5.

You must complete section 5.

### 3. About Your Beneficiaries

Complete this section unless you are declining coverage.

Primary Name and Address	Social Security Number (If available)	Relationship to you	Share to each (% or \$ amounts)	Payment Option (Lump sum* or 36 equal monthly payments)
1. JUDY ELAINE DUNN 165 LAKE TRAIL DRIVE DOUBLE OAK TX 75077	<input type="text"/> <input type="text"/> <input type="text"/>	MOTHER	100%	Lump sum
2.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
3.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
4.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum

### Secondary

1. RICK ANDREW DUNN 165 LAKE TRAIL DRIVE DOUBLE OAK TX 75077	<input type="text"/> <input type="text"/> <input type="text"/>	FATHER	100%	Lump sum
2.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
3.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum
4.	<input type="text"/> <input type="text"/> <input type="text"/>			Lump sum

Have more beneficiaries? Check the box and complete Supplemental SGLI Beneficiary Form, SGLV 8286S.

If you do not name beneficiaries above, your insurance will be paid by law (see page 3).

\* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment either through the Prudential Alliance Account or by check. Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

**4. About Your Health***Complete this section ONLY if you are restoring or increasing coverage.*

Your gender  Female  
 Male

Your date of birth (MM, DD, YYYY)

Your weight

Your height

**Have you had, been treated for, or had known indications of:**

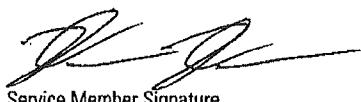
- a. A heart condition?
- b. High blood pressure?
- c. A neurological disorder?
- d. Diabetes?
- e. Cancer or tumors?
- f. Have you ever been diagnosed as having a disease of the immune system?
- g. Do you have any known physical impairments, deformities, or ill health not covered above?

Yes

**Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.**

**5. Your Signature***You must complete this section.***I have read the instructions and understand that**

- This form cancels any prior beneficiary or payment instructions.
- I can have SGLI and VGLI coverage at the same time, but the combined amount cannot be more than \$400,000.
- Reducing or **declining** SGLI coverage can affect the amount of my family coverage, traumatic injury coverage and post-separation coverage (see instructions for details).
- If I am married or get married after completing this form and have not declined SGLI, Family SGLI automatically covers my spouse. I must register my spouse in DEERS so my branch of service can deduct premiums from my pay. *Failure to register my spouse in DEERS will result in my owing debts for unpaid premiums.* I can decline Family SGLI coverage by completing SGLV 8286A.



Service Member Signature

594961068

Social Security Number

03, 17, 2011

Date (MM DD, YYYY)

**For Branch of Service Official Use Only**

Received by Personnel Clerk

M. Hernandez Sergeant

Approve Disapprove

Rank, title or grade

OSGLI Representative

Organization

MAG-41

Date

20110317

Date

## \*\*\*\*\*MCT RECORD OF EMERGENCY DATA\*\*

05/24/2011  
13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A  
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:  
 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

SPOUSE NAME/ADDRESS  
 SINGLE

CHILD NR/NAME/DOB/ADDRESS  
 NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS  
 NONE

FATHER/MOTHER NAME/ADDRESS  
 RICK A DUNN 165 LAKE TRAIL DR  
 JUDY E DUNN DOUBLE OAK TX 75077  
 SAME AS FATHER

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS  
 NOT NOTIFY 1 NOT GIVEN  
 NOT NOTIFY 2 NOT GIVEN

MIA NOTIFY NAME/RELATIONSHIP  
 SEE NOK INFORMATION  
 MIA ADDRESS/DIRECTIONS  
 SEE NOK INFORMATION

BENEFICIARY(IES) FOR DEATH GRATUITY NR/RELATIONSHIP/PCT  
 01 JUDY E DUNN MO 100%  
 ADDR1 165 LAKE TRAIL DR  
 ADDR2 DOUBLE OAK TX 75077  
 TELE 817-430-9853

BENEFICIARY(IES) UNPAID PAY/ALLOWANCES NR/NAME/RELATION/PCT/ADDRESS  
 1 JUDY E DUNN MO 100% 165 LAKE TRAIL DR  
 DOUBLE OAK TX 75077

PAY ARREARS 2 NOT GIVEN

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP  
 NAME/RELATIONSHIP JUDY E DUNN (M) 165 LAKE TRAIL DR  
 ADDR1 SAME AS FATHER DOUBLE OAK TX 75077  
 ADDR2  
 TELE 817-430-9853

INSURANCE COMPANIES NR/NAME/POLICY NUMBER  
 NONE

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP  
 1 214-402-3819 M  
 2 817-430-9853 F

PRIMARY NEXT OF KIN DIRECTIONS  
 NONE

MEMBER CERTIFICATION

REPORT ON UD NUMBER 88849-20110809

WITNESS CERTIFICATION

DATE CERTIFIED

Sat/USM-

\*\*\*\*\*MCT RECORD OF EMERGENCY DATA\*\*\*

05/24/2011  
13:05:30

SSN: 0594961068 NAME: DUNN, DANIEL A  
RUC: 01130 COMPANY CODE: M PRES-GRADE: E2 RECSTAT: E COMP CODE:  
PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

DATE OF CERTIFICATION

~~20110317~~ 20110524 X 

20110524

SGLI MEMBER ELECTION  
SGLI MEMBER BENEFICIARY  
SGLI MEMBER PAY DESIGNATION  
SGLI MEMBER VA CERTIFY DATE  
SGLI SPOUSE ELECTION

ELECTS \$400,000 COVERAGE  
MOTHER TO RECEIVE  
LUMP SUM  
~~20110317~~ 20110524 X   
NO SPOUSE 20110524

MEMBER CERTIFICATION

REPORT ON UD NUMBER 00849-20110809

WITNESS CERTIFICATION

DATE CERTIFIED 20110524

  
Sgt USMC



## \*\*\* MCTFS RECORD OF EMERGENCY DATA \*\*\*

03/07/2012

SSN: 0594961068 NAME: DUNN, DANIEL A  
 RUC: 01130 COMPANY CODE: M PRES-GRADE: E3 RECSTAT: E COMP CODE:  
 61773 PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4  
 Ordn

SPOUSE NAME/ADDRESS  
 SINGLE

CHILD NR/NAME/DOB/ADDRESS  
 NONE

GUARDIAN NR/NAME/PHONE/RELATION/ADDRESS  
 NONE

FATHER/MOTHER NAME/ADDRESS  
 RICK A DUNN 165 LAKE TRAIL DR  
 JUDY E DUNN DOUBLE OAK TX 75077  
 SAME AS FATHER

DO NOT NOTIFY DUE TO ILL HEALTH NR/NAME/RELATION/ADDRESS  
 NOT NOTIFY 1 NOT GIVEN  
 NOT NOTIFY 2 NOT GIVEN

MIA NOTIFY NAME/RELATIONSHIP  
 SEE NOK INFORMATION

MIA ADDRESS/DIRECTIONS  
 SEE NOK INFORMATION

BENEFICIARY(IES) FOR DEATH GRATUITY NR/RELATIONSHIP/PCT  
 01 JUDY E DUNN M0 100%  
 ADDR1 165 LAKE TRAIL DR  
 ADDR2 DOUBLE OAK TX 75077  
 TELE 817-430-9853

BENEFICIARY(IES) UNPAID PAY/ALLOWANCES NR/NAME/RELATIONSHIP/PCT/ADDRESS  
 1 JUDY E DUNN M0 100% 165 LAKE TRAIL DR  
 DOUBLE OAK TX 75077  
 PAY ARREARS 2 NOT GIVEN

PERSON AUTHORIZED DIRECT DISPOSITION NAME/ADDRESS/TELEPHONE/RELATIONSHIP  
 NAME/RELATIONSHIP JUDY E DUNN (M)  
 ADDR1 165 LAKE TRAIL DRIVE  
 ADDR2 DOUBLE OAK TX 75077  
 TELE 817-430-9853

INSURANCE COMPANIES NR/NAME/POLICY NUMBER  
 NONE

MEMBER CERTIFICATION 

REPORT ON UD NUMBER 026

WITNESS CERTIFICATION 

DATE CERTIFIED 2020307

\*\*\* MCTFS RECORD OF EMERGENCY DATA \*\*\*

03/01/2012

SSN: 0594961068 NAME: DUNN, DANIEL A  
RUC: 01130 COMPANY CODE: M PRES-GRADE: E3 RECSTAT: E COMP CODE:  
PLT CODE: 0230 TRNGRP: A R-RECSTAT: 0 RCOMP-CODE: K4

NEXT OF KIN NR/TELEPHONE NUMBER/RELATIONSHIP

1 214-402-3819 M  
2 817-430-9853 F

PRIMARY NEXT OF KIN DIRECTIONS

NONE

DATE OF CERTIFICATION

20110524 20120307 *[Signature]*

SGLI MEMBER ELECTION ELECTS \$400,000 COVERAGE  
SGLI MEMBER BENEFICIARY MOTHER TO RECEIVE  
SGLI MEMBER PAY DESIGNATION LUMP SUM  
SGLI MEMBER VA CERTIFY DATE 20110524  
SGLI SPOUSE ELECTION NO SPOUSE

MEMBER CERTIFICATION *[Signature]*

REPORT ON UD NUMBER 026

WITNESS CERTIFICATION *[Signature]*

DATE CERTIFIED 20120307

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION			OMB No. 0720-0022 OMB approval expires Jul 31, 2009
<p>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0720-0022). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.</b></p>			
PRIVACY ACT STATEMENT			
<b>AUTHORITY:</b> Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397.		<b>ROUTINE USE(S):</b> None.	
<b>PRINCIPAL PURPOSE(S):</b> An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.		<b>DISCLOSURE:</b> Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service.	
<b>1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)</b> <i>Dunn, Daniel</i>		<b>2. SOCIAL SECURITY NUMBER</b> <i>594 96 1068</i>	<b>3. BRANCH OF SERVICE</b> <i>USMC</i>
<b>4. UNIT OF ASSIGNMENT</b> <i>VMFA-112</i>		<b>5. UNIT ADDRESS</b>	
<b>6. EXAMINATION RESULTS</b> <p>Dear Doctor,</p> <p>The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.</p>			
<p>(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12-months.</p> <p><input checked="" type="checkbox"/></p> <p>(2) Patient has some oral conditions, but you <u>do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment)</u>.</p> <p><input type="checkbox"/></p> <p>(3) Patient has oral conditions that you <u>do expect to result in dental emergencies within 12 months if not treated</u>. Examples of such conditions are: <u>(X the applicable block or specify in the space provided)</u></p> <p><input type="checkbox"/></p> <p>(a) <b>Infections:</b> Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.</p> <p><input type="checkbox"/></p> <p>(b) <b>Caries/Restorations:</b> Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.</p> <p><input type="checkbox"/></p> <p>(c) <b>Missing Teeth:</b> Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.</p> <p><input type="checkbox"/></p> <p>(d) <b>Periodontal Conditions:</b> Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.</p> <p><input type="checkbox"/></p> <p>(e) <b>Oral Surgery:</b> Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.</p> <p><input type="checkbox"/></p> <p>(f) <b>Other:</b> Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.</p> <p>(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:</p> <p><input type="checkbox"/></p>			
<b>5. Were X-rays consulted?</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		<b>IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)</b> <i>2-13-2012</i>	
<b>7. DENTIST'S NAME (Last, First, Middle Initial)</b> <i>Patel, Neel B.</i>		<b>8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)</b> <i>2460 FM 407 Highland Village, TX 75077</i>	
<b>9. DENTIST'S TELEPHONE NUMBER (Include Area Code)</b> <i>972-966-1234</i>		<b>10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER</b> <i>22332</i>	
		<b>11. DATE OF EXAMINATION (YYYYMMDD)</b> <i>2-13-2012</i>	

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
(5 U. S. C. 552A)

**PART A GENERAL**

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a on-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

**PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL**

**1. AUTHORITY**

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

**2. PRINCIPAL PURPOSES**

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

<u>SYSTEM DESCRIPTION</u>	<u>SYSTEM NUMBER</u>
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

**3. ROUTINE USES**

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

**4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION**

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

**PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL**

I have read and understand this statement. I understand that I may have the opportunity to review published system's notices and current Marine Corps directives which pertain to forms which I am asked to complete.

20100525

594-96-1068

Date

Signature of the Individual

Social Security No.

**PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS**  
NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800

(5211)

*(File Original in OOR or SRB; Provide Copy to Individual)*

# DISCLOSURE ACCOUNTING FORM

**RECORD OF DISCLOSURE**

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM  
THIS RECORD COULD SUBJECT THE DISCLOSURE TO CRIMINAL PENALTIES

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
  - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
  - b. Disclosure of items listed in paragraphs 13b(2)(e) and (f) of SECNAVINST 5211.5 series.

**TITLE & DESCRIPTION OF RECORD**



## INDIVIDUAL SEPARATION INFORMATION

1 OF 7

SSN: 0594961068  
PRES-GRADE: E3

NAME: DUNN, DANIEL A.  
DATE: 20130314

PAY ENTRY DATE: 20100712  
ACTIVE DUTY DATE:

DATE OF ENL / ACCEPT: 20100712  
TOTAL COMM SVC: 000000

ORIG ENTRY DATE: 20100608

DISCHARGE DATE: 20121205

DCTB: 20110129

END OBLIG SVC: 20180607

GEODCTB: 00  
OVERSEAS CONTROL DATE: 20090312

REENLISTMENT ID: 04

RETIREMENT GRADE:

SEPARATION CODE: HKQ1

EFFECTIVE DATE:

CSB ELECT DATE:

HIGHEST GRADE HELD:

CSB ELECT CD/DESC:

ACTIVE SVC: 000000

CONSTRUCTIVE SVC: 0

INACTIVE SVC: 000000

RETIREMENT PAY MULT SVC:

TOTAL ACT CONSEC SVC: 0

CAREER SVC PAY: 0

TOTAL CONSEC SVC: 0

INACDU POINTS:

TOTAL SVC: 0

INACDU POINTS EQ: 000000

TOTAL QUAL SVC: 2-05-28

PLAN RETIREMENT REQ:

MAND REMOVAL DATE:

TOTAL RETIREMENT POINTS: 400

ANNIV DATE: 20130608

TOTAL QUAL SERVICE: 2-05-28

DATE ELIG TO RET:

TOTAL SATISFACTORY YEARS: 2

CRCR CERT DATE: 201105

COMBAT SERVICE CODE: 0

RCSBP DATE:

COMBAT DSBL

RCSBP OPTION

LAST COMBAT TOUR

RCSBP TYPE CVG

HEROISM: 0

RCSBP LEVEL

RCSBP AMT CVG: 0

## INDIVIDUAL SEPARATION INFORMATION

2 OF 7

SSN: 0594961068  
PRES-GRADE: E3NAME: DUNN, DANIEL A.  
DATE: 20130314HOME OF RECORD STATE: DENTON TX COUNTRY OF ORIGIN: US  
RELIGION: 13 CHRISTIAN - NO DENOMINATIONAL PREFERENCEPHONE: 214-850-3866  
STREET ADDRESS: 3703 30TH APT A  
CITY: LUBBOCK STATE: TX ZIP CODE: 794100000

## ACTIVE DUTY MGIB STATUS:

PMOS: 6531 ADMOS1:  
JMOS:  
JMOS DATE:  
ADMOS2:  
ADMOS3:  
ADMOS4:PROFICENCY CONDUCT  
AVERAGE MARKS IN GRADE: 3.6 3.6  
AVERAGE MARKS IN SERVICE: 3.9 4.0  
AVERAGE MARKS IN ENLISTMENT: 3.9 4.0TIME LOST  
SEQ EFF DATE TERM DATE NR DAYS REASON CMP CDE  
00001 0

## INDIVIDUAL SEPARATION INFORMATION

3 OF 7

SSN: 0594961068  
PRES-GRADE: E3

NAME: DUNN, DANIEL A.  
DATE: 20130314

RIFLE QUAL DATE: 20100827  
RIFLE SCORE: 315  
RIFLE CLASS: E  
EXPERT RIFLE QUIL: 1

PISTOL QUIL DATE: 000000  
PISTOL SCORE:  
PISTOL CLASS:  
EXPERT PISTOL QUIL: 0

SECURITY ELIGIBILITY:  
CODE:

SECRTY COMP:  
SECRTY ELIG:  
DATE:

CODE	COMPL DATE	RECERT DATE	DESC
MMB	20100915		TAN BELT

CLAS/ASGN TEST-TYPE:  
DATE: 20100301 GT/GCT: 0  
RV: 0  
AR: 0  
AC: 0  
PA: 0

ASVAB TEST  
AFQT: 88  
GT: 129  
MM: 124  
EL: 122  
CL: 117

DLAB SCORE: 0  
DATE:

CODE	SCHOOLS/SPECIAL SKILLS	ST	DATE
M92	MARINE COMBAT TRAINING	PA	2010
808	RECRUIT TRAINING, MALE	PA	2010
G3L	AIRCRAFT ORDNANCE TECHNICIAN	PA	2011

INDIVIDUAL SEPARATION INFORMATION

4 OF 7

SSN: 0594961068  
PRES-GRADE: E3

NAME: DUNN, DANIEL A.  
DATE: 20130314

FROM TO COMBAT OP LOC COMBAT OP DESC

FROM TO VESSEL NAME NET SEA DAYS

INDIVIDUAL SEPARATION INFORMATION  
5 OF 7

SSN: 0594961068  
PRES-GRADE: E3

NAME: DUNN, DANIEL A.  
DATE: 20130314

AWARDS

FROM	TO	TYPE	CODE	ENGLISH
20100712	20101008	2	NN	NATIONAL DEFENSE SERVICE MEDAL
20110415	20110417	4	CE	CERTIFICATE OF APPRECIATION
20111210	20111210	4	CE	CERTIFICATE OF APPRECIATION
20111211	20111211	4	CE	CERTIFICATE OF APPRECIATION

GOOD CONDUCT MEDAL DATE:  
SMCR MEDAL DATE: 20100712  
ARMED FORCES RESERVE MEDAL DATE: 2010-07-12

INDIVIDUAL SEPARATION INFORMATION

6 OF 7

SSN: 0594961068

NAME: DUNN, DANIEL A.

PRES-GRADE: E3

DATE: 20130314

VA CODE EFFECTIVE DATE

VA CODE EFFECTIVE DATE

VA CODE EFFECTIVE DATE

0

INDIVIDUAL SEPARATION INFORMATION  
7 OF 7SSN: 0594961068  
PRES-GRADE: E3NAME: DUNN, DANIEL A.  
DATE: 20130314

Unit Organization	Primary Duty	Remarks
D/S MT CO B(-) 6THMTBN 4TH MLG LUBBOCK 14652	AIRCRAFT ORDNANCE TECHNICIAN 6531	20120723 JOIN RUC 14652 MCC SY4 DU
	MOTOR VEHICLE OPERATOR 3531	20120920 CHPRIDU
	MOTOR VEH OPR 3531	20120920 CHPRIDU
		20121205 DROP SPD HKQ1 C RE 04 ED 20121205

INDIVIDUAL SEPARATION INFORMATION  
7 OF 7SSN: 0594961068  
PRES-GRADE: E3NAME: DUNN, DANIEL A.  
DATE: 20130314RUC: 00000  
COMP CODE:  
R-RECSTAT: 9  
COMPANY CODE:  
PLT CODE:  
RCOMP CODE: K4RECSTAT: E  
TRNGRP: A

Unit Organization	Primary Duty	Remarks
RECRUIT PERSONNEL SUPPORT BN RTR SAN DIEGO 34022	BASIC MARINE W/ENL GUARANTEE 8011	20100712 JOIN RUC 34022 MCC 017 RECRUIT
SCHOOL OF INFANTRY (STUD PERS) CAMP PENDLETON 33353		20101008 TR MCC J9Y DU EDA 20101019
AVIATION A&C SCHOOL (STUD) PENSACOLA 06050	STUD	20101020 JOIN RUC 33353 MCC J9Y GND ENTLEVEL STUD M92
		20101116 TR MCC J9M DU EDA 20101117
AVIATION A&C SCHOOL (STUD) PENSACOLA 06050		20101119 JOIN RUC 06050 MCC J9M TEMINS AVNTRNG
	STUD	20101122 CHPRIDU
CTR NAVAL AVN TECH TRNG (CNATT) (STUD PERS) VIRGINIA BEACH 06116	AIRCRAFT ORDNANCE TECHNICIAN 6531	20110128 TR MCC JAM TEM AVNTRNG EDA 20110129
		20110130 JOIN RUC 06116 MCC JAM AVN ENTLEVEL STUD G3L
VMFA-112 MAG-41 4THMAW FORT WORTH 01130	STUDENT 6531	20110201 CHPRIDU
		20110317 DROP SPD MBK2 H RE 1A ED 20110317
	AIRCRAFT ORDNANCE TECHNICIAN 6531	20110318 JOIN RUC 01130 MCC S3C DU FR IADT IDT REQ 48